

Exception Reporting Frequently Asked Questions

The following questions have been raised regarding the monthly TDO exception reports and the Executive Director incident reports of unexecuted TDOs. DBHDS has compiled this list in an effort to reduce confusion and provide clarity among all involved in the reporting process. These FAQs can be found on the DBHDS website at <http://www.dbhds.virginia.gov/library/document-library/omh-TDO-Exception-FAQs-December-2014.pdf>.

1. Question: Should the reporting forms be sent in an encrypted format?

Answer: The reporting forms do not need to be sent in an encrypted format because there should be no individual-identifying information.

2. Question: If the reason for a TDO not being executed does not fall under any of the listed categories, how should it be reported?

Answer: Always report a TDO that was not executed in the overall total. If none of the individual choices explaining why the TDO was not executed match the particular incident, please explain the situation briefly in the comments section at the end of a line. If further assistance is needed with this, the manager should contact Mary Begor at mary.begor@dbhds.virginia.gov.

3. Question: If an individual meets TDO criteria but is medically admitted before the TDO is issued, is the CSB required to report?

Answer: If the individual remains in the medical facility, and the individual will be re-evaluated by the CSB before discharge from that facility, then it is not necessary to report. If the individual is discharged without a follow up CSB evaluation, then the CSB is required to report this by means of the DBHDS Executive Director TDO Exception Reporting form within 24 hours. The latter event must also be included in the monthly report.

4. Question: If an individual meets TDO criteria but is medically admitted first, is the CSB required to re-assess the individual if a physician determines the individual can be discharged?

Answer: Yes. Individuals who met TDO criteria and were medically admitted must be re-evaluated by the CSB before discharge from the medical unit to determine if they are still in need of psychiatric hospitalization or further treatment.

5. **Question:** If the time limit for an ECO has been exceeded due to medical evaluation, but the TDO is subsequently executed and the individual is admitted into a psychiatric facility, are we required to report?

Answer: Yes. If the order is not executed within the eight hours of the ECO time period then #8, 8a, 8b, and 8c should all be completed.

6. **Question:** Are we required to report TDO exceptions for individuals who are incarcerated?

Answer: No. Exception reporting does not pertain to the criminal TDO process.

7. **Question:** What does “facility of last resort” mean?

Answer: Under the new statutory procedures effective July 1, 2014, when an individual is in emergency custody and needs temporary detention, and no other temporary detention facility can be found within the eight hour maximum time frame allowable by §37.2-809.1, then the regional state hospital shall admit the individual for temporary detention. These procedures are commonly called the “facility of last resort” procedures. Each regions’ Regional Admission Protocol describes the process to be followed for accessing a temporary detention facility and for accessing the state hospital as the “last resort” facility no later than the maximum allowable time of eight hours per §37.2-809.1.

8. **Question:** What is a “last resort” back-up admission?

Answer: This refers to a situation where a second state facility must serve as the last resort facility instead of the regional state facility. Only admissions to other state hospitals that are due to the regional state hospital being at capacity should be reported here.

9. **Question:** When should an event be entered as a “last resort delayed admission”?

Answer: An event is entered this way when the individual’s admission to the state facility is delayed due to a medical (such as awaiting medical labs, testing) or other clinical reason (waiting for BAC to decrease).

10. **Question:** How should the use of DBHDS contracted beds that are arranged directly by the state facility director as part of their bed management plan be reported?

Answer: These beds are managed directly by the state hospitals and should be reported as a last resort admission, not as a last resort back-up admission.

11. Question: When execution of the TDO is pending, do emergency services staff have to wait with the individual until the TDO is executed?

Answer: § 37.2-809.1 states that an individual in this situation “shall not.... be released from the custody of the CSB” except to transport the individual to the temporary detention facility. Given the explicit meaning and intention of this statutory language, CSBs must have clear and effective protocols in place with hospital emergency department staff, hospital security staff, law enforcement officers and any others to ensure that no individual who has been determined to meet TDO criteria is left unsupervised before the TDO is executed.

12. Question: If the physician at the Emergency Department and the physician at the state facility are still in disagreement regarding “medical clearance” near the time of ECO expiration, what should the CSB do?

Answer: Every state hospital and state hospital physician must follow the *Medical Screening and Medical Assessment Guidance* (April 1, 2014), including the procedure for resolving disagreements in a timely manner. If there is continued disagreement, or if disagreements occur repeatedly, then the CSB should follow up with the state hospital director and the emergency department director or administrator to ensure that the *Medical Screening and Medical Assessment* guidance is followed.

13. Question: Is the CSB responsible for knowing if a TDO is executed outside of the ECO time period?

Answer: Yes. Once a CSB has evaluated an individual and a TDO has been issued, the CSB must make certain that the TDO is executed in a timely manner. CSBs should report the reason for the TDO being executed outside the 8 hour period in order to identify and address potential barriers to individuals receiving timely treatment.

14. Question: If a question does not apply to our CSB or the incident being reported, do we leave the form blank?

Answer: No. Fill out all information fully. If a question does not apply write N/A in the answer field.

15. Question: Can CSB reports be sent directly to DBHDS and not to Regional Managers?

Answer: No. CSBs must send their reports to the Regional Managers so that the regions can address any process-related or procedural problems that may be identified in the data. Regions then report to DBHDS to allow DBHDS to analyze trends from a statewide perspective.

16. Question: If altering the design of the report form makes a CSB's reporting more efficient, can the CSB alter this report form?

Answer: No. If CSBs have suggestions to improve the design of the form, they should forward these to their Regional Manager, who can then forward suggestions to DBHDS.

17. Question: If the CSB submits a DBHDS Executive Director TDO Exception Reporting form for an event, do we need to include that event in the monthly report?

Answer: Yes. All events included on the Executive Director TDO Exception Reporting Form should be reported to DBHDS in the report month in which the event occurred. If the event does not fit neatly into one of the categories, include the relevant information that would assist DBHDS in understanding the event by entering a brief explanation in item #11.

18. Question: If emergency services staff are required to engage in multiple phone calls or contacts for one individual's case or incident, are these counted as separate emergency contacts?

Answer: Incoming calls about the same individual should be counted separately. However, calls that are initiated by emergency services staff following a contact should not be counted.

19. Question: If CSB ES staff conduct a reassessment of an individual after they've been TDO'd but prior to the commitment hearing, do these assessments count towards item #1 on the ES Activity report?

Answer: Yes. These re-evaluations would count towards the total number of ES evaluations.
